PLACE OF BIRTH	ARIZONA STATE BO	ARD OF HEALTH
1. County of	BUREAU OF VITAL STATISTICS	State Index No. 145
	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No.
Town of	·	Local Registrar No
City of Slobe	No	St. Ward we its NAME instead of street and number)
	Holley Hatfield) If child is not yet named, make supplemental report, as directed.
2. Full name of child Million	y 4. win, triplet or other 6. Legitimate	? A suppremental report, as directed.
3. Sex of Child To be answered ONI in event of plural	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7. Date of birth Month day year
male births.	4) 5. No., in order of birth	<u> </u>
5. FATHER	н. /	MOTHER V
Full name	Full maiden name M	artha Caroline Pratt
9. Residence	15. Residence (Usual place of	0.0 4 1
(Usual place of abode)	be among If nonresident, give	William and
If nonresident, give place and state	16. Color or race	
10. Color or race	2.4	Years)
White 11. Age at la	st birthday 23 (Years) while	17. Age at last birthday(Years)
	<i>A</i>	r place) Sligman
12. Birthplace (city or place)	Auk (State or count	19) (1 mo.
State or country)	19. Occupation	11.
13. Occupation Nature of industry Marule	Nature of industry	Honsewje
	War War	o precautions taken against oph-
29. Number of children of this mother	(a) Born alive and now living one 21. Wer	mia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	(c) Stillborn	- fro
CERTIF	CATE OF ATTENDING PHYSICIAN OR M	at 2 fr. on the date above stated.
I hereby certify that I attended the birth	of this child, who was (Born alive or stillborn.)	
When there was no attending physicis	in or standard	(Physician of midwife)
) should make this return A stillborn	child }	e ariota
ls one that neither breathes nor shows evidences of life after birth.	/- 3/ 1.26	1 M. Motorst
liven name added from 1 supplemental report	Filed Filed	Local Registrar.
Bioliti, day	Filed	County Registrar.
Registrar.	74-716-473	